

TEST RECORD  
RBT IV

RPT IUM# 022784  
DATE 11-14-11  
TEST NO. 0172  
ID#  
0602  
AS IUM# 098833  
TEMPERATURE 20 C

SUBJECT TEST  
NBAO TIME

000 BLANK  
000 AUTO 00-24

**INTERNAL AFFAIRS  
DIVISION  
INVESTIGATIONS SECTION**

Date 14 Nov 2011  
LOG # 1049985

1049984

Juan Rivera  
Chief  
Bureau of Internal Affairs

**ATTN:** Robert Klimas  
Commander  
Investigations Division

**ATTN:** Lt. Susan Clark # 320  
Administrative Section  
Investigations Division

Sergeant Ray Broderdorf# 1125  
Investigations Division  
General Investigations Section

SUBJECT  
WD 11 8291 A  
OPERATOR 1125  
Sgt. Broderdorf  
WITNESS  
CL 1049985  
TEST LOCATION

**SUBJECT:** Synoptic Report – Firearm Discharge Incident (No Hits)

**RESULTS:**

BAC .000

**REFERENCE:**

LOG #  
WD #  
RD #

**INCIDENT  
LOCATION:**

**DATE & TIME:**

13 Nov 2011, 2145

**OCIC, W/C:**

Lt. DOHERTY # 172

**INVOLVED MEMBER(s):**

Police Officer	Gerald L. NEALS
Star #	8186
Employee #	
Unit of Assignment	007
C/S	25 Feb 2002
DOB:	17 May 1968

**NARRATIVE:**

R/S received notification from CPIC by PO Chibe # 7303 at 2210 hours on 13 Nov 11 regarding a Firearm Discharge Incident in the 007<sup>th</sup> District.

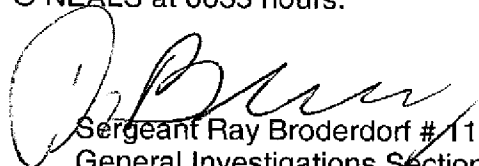
R/Sgt. Arrived in the Area 1 at 2300 hours.

**BUREAU OF INTERNAL AFFAIRS  
INVESTIGATIONS DIVISION  
GENERAL INVESTIGATIONS SECTION**


**Date 14 Nov 2011  
LOG # 1049985**

R/Sgt arrived and began the 20 min observation period of PO NEALS at 0001 hours. PO NEALS was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. The Breath Test was conducted at 0024 hours and the BAC was .000. The W/C was notified of the results.

R/Sgt then collected the urine specimen(s) of PO NEALS at 0035 hours.

  
Sergeant Ray Broderdorf #1125  
General Investigations Section  
Investigation Division

APPROVED:

  
Lt. Susan Clark # 320  
Administrative Section  
Investigations Division

Last Name: NEALS  
First Name: GERALD  
Rank: PO  
Star #: 8186  
Unit: 007  
Home Zip Code: [REDACTED]  
Date Hired: 25 FEB 02  
Birthdate: [REDACTED]



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name GERALD NEALS Title P.O.  
Star No. 8186 Employee No. [REDACTED] Unit 007

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name	Involved Member's Signature	Date and Time
GERALD NEALS	<i>Gerald L. Neals</i>	14 NOV 11 0043

Type of Test: Alcohol	Location:	Date and Time:
Type of Test: Drug <td></td> <td>14 NOV 11 0024</td>		14 NOV 11 0024
		14 NOV 11 0035

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name	IAD Supervisor's Signature	Date and Time
SGT. R. BRODERICK	<i>[Signature]</i>	14 Nov 11 0040

CPD-44.252 (7/10) DISTRIBUTION: ORIGINAL TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

**INSTRUCTIONS:** Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by

☐ Employer Representative

Signature of Employer Representative

## PART I -

A. On the 14 day of NOVEMBER, 2011 at 0035, I, GERALD L. NEALS  
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to RAY BRODENDON and witnessed this member:  
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

A MAIN TEST VIAL - NO. B ALTERNATE TEST VIAL - NO.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

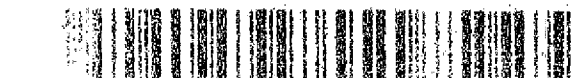
STAR/EMP NO.

**PART II -** The urine specimen with the control number was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

R. Neals, on 11/14/11, at 0850  
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

**PART III -** I attest that the sealed urine specimen bag containing specimen ID number was removed from the Random Drug Testing Unit refrigerator by (RDTU MEMBER) and then delivered to (LAB MEMBER), on (DATE), at (TIME)

Specimen received by (LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.



SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No. FORM ID: SAP4500020

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:

☒ Photo ID ☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)  
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) FIREARM DISCHARGE PER  
FOO CONTRACT

G. Drug Tests to be Performed:

☒ URINE SAP 10-50/2000 W/KIT

H. Collection Site Name:

Collection Site Code:

Address: 51 WILSON ST

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ [Signature of Collector]  
Signature of Collector  
[Print] Collector's Name (First, MI, Last)

0035 AM  
Time of Collection  
11/14/11  
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☐ Quest Diagnostics Courier ☐ FedEx  
☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen  
Bottle Seal Intact

☐ Yes  
☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒ [Signature of Donor]  
Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ( )

Evening Phone No. ( )

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:  
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

☒ [Signature of Medical Review Officer]  
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

☒ [Signature of Medical Review Officer]  
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 14 day of November 2011, I P.O. SAEETA # 19581  
received a collected urine specimen from SGT. Broderdorf # 1125. The specimen  
was delivered in sealed unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. SAEETA 19581 in the presence  
of SGT. Broderdorf 1125. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by P.O. SAEETA 19581, as witnessed by SGT. Broderdorf 1125.

Specimen delivered by:

[Signature] # 1125 # 1125  
Signature

Received/stored by:

[Signature] # 19581  
Signature

CPD-34-559-A

UNIT NO.

PROP. INVENTORY NO.

DATE RECEIVED

MANNER RECEIVED

☐ MAIL  
☐ COUNTER  
☐ CRIME LAB

☐ OTHER-  
DESCRIBE

DELIVERING OFFICER

STAR NO.

E & RPS RECEIVING OFFICER

STAR NO.

R. Broden-don 1125

CL 1049985

CONTENTS - DESCRIBE

AMOUNT \$

WD 11 8291

EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION

CHICAGO POLICE DEPARTMENT

SEAL WITHIN WHITE AREA



Last Name: NEALS  
First Name: GERALD  
Rank: PO  
Star #: 8186  
Unit: 007  
Home Zip Code: [REDACTED]  
Date Hired: 25 FEB 02  
Birthdate: [REDACTED]

WD 118291

14 NOV 11

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

**INSTRUCTIONS:** Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by R. Bradenford

☐ Employer Representative

Signature of Employer Representative

**PART I -** A. On the 14 day of NOVEMBER, 2011 at 0035, I, GERALD L. NEALS  
(TIME) (PRINT NAME)  
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this  
same cup, then I delivered this cup containing my urine specimen to Ray Bradenford  
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link  
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial  
with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.  
I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode  
label on bag with the number

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

Gerald L. Neals

8186

[Signature]

1125

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

[Signature]

1125

**PART II -** The urine specimen with the control number [redacted] was received and then secured in the  
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

[Signature], on 11/14/11 at 0850  
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

**PART III -** I attest that the sealed urine specimen bag containing specimen ID number \_\_\_\_\_  
was removed from the Random Drug Testing Unit refrigerator by \_\_\_\_\_ (RDTU MEMBER)  
and then delivered to \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_  
(LAB MEMBER) (DATE) (TIME)

Specimen received by \_\_\_\_\_  
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone and Fax No. CARD ID: SAPN500020

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: First:

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)  
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) FIREARM DISCHARGE FOR FOD CONTRACT

G. Drug Tests to be Performed:

☒ DELTA 9AP 10-50/2000 WHITE

H. Collection Site Name: AREA 1

Collection Site Code:

Address: 51 WESTWORTH

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ Signature of Collector  
Date (Mo./Day/Yr.): 11/14/11

Time of Collection: 0035 AM  
Date (Mo./Day/Yr.): 11/14/11

SPECIMEN BOTTLE(S) RELEASED TO:

☐ Quest Diagnostics Courier ☐ FedEx  
☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.): 11/14/11

Primary Specimen Bottle Seal Intact

☐ Yes  
☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒ Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.): 11/14/11

Daytime Phone No. ( )

Evening Phone No. ( )

Date of Birth: Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:  
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

☒ Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.): 11/14/11

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

☒ Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.): 11/14/11

COPY 2 - MEDICAL REVIEW OFFICER COPY

CPD 0022294

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 14 day of November 2011, I P.O. SAEETA # 19581  
received a collected urine specimen from SGT. Broderdorf # 1125. The specimen  
was delivered in sealed unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. SAEETA 19581 in the presence  
of SGT. Broderdorf 1125. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by P.O. SAEETA 19581, as witnessed by SGT. Broderdorf 1125.

Specimen delivered by:

[Signature] # 1125  
Signature

Received/stored by:

[Signature] # 19581  
Signature



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name GERALD NEALS Title P.O.  
Star No. 8186 Employee No. [REDACTED] Unit 007

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name	Involved Member's Signature	Date and Time
GERALD NEALS	<i>Gerald L. Neals</i>	14 NOV 11 0043

Type of Test: Alcohol	Location:	Date and Time:
Type of Test: Drug <td></td> <td></td>		

Date and Time: 14 NOV 11 0024  
Date and Time: 14 NOV 11 0035

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name	IAD Supervisor's Signature	Date and Time
SGT. R. Broderick	<i>[Signature]</i>	14 NOV 11 0040

CPD-44.252 (7/10) DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

40005057 AREA/ROUTE/STOP: XXXXXXXX  
CHICAGO POLICE DEPT  
RANDOM DRUG UNIT #1087SW  
3510 S MICHIGAN AVE  
CHICAGO, IL 60653



Quest  
Diagnostics

PARTICIPANT NAME		PARTICIPANT ID		ROOM NO.	AGE	SEX	PHYSICIAN
[REDACTED]		NP					
PAGE	REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN DATE	FAX DATE	& TIME
1	[REDACTED]	[REDACTED]		11142011 12:35AM	11152011	11152011	12:00PM

REMARKS: Client Site Location:

REASON FOR TEST: FIREARM DISCHARGE

DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE																																	
		IN RANGE	OUT OF RANGE																																				
REPORT FOR:	CHICAGO POLICE DEPT - 40005057 RANDOM DRUG UNIT, #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653																																						
Tests Ordered:	35190N (SAP 10-50/2000 W/NIT)																																						
Integrity Checks	Acceptable Range																																						
CREATININE	177.5 mg/dL				>= 20 mg/dL																																		
pH	4.8				4.5-8.9																																		
OXIDIZING ADULTERANTS	Negative																																						
Substance Abuse Panel	<table border="1"> <thead> <tr> <th></th> <th>Initial Test Level</th> <th>MS Confirm Test Level</th> </tr> </thead> <tbody> <tr> <td>AMPHETAMINES</td> <td>Negative</td> <td>1000 ng/mL</td> </tr> <tr> <td>BARBITURATES</td> <td>Negative</td> <td>300 ng/mL</td> </tr> <tr> <td>BENZODIAZEPINES</td> <td>Negative</td> <td>300 ng/mL</td> </tr> <tr> <td>COCAINE METABOLITES</td> <td>Negative</td> <td>300 ng/mL</td> </tr> <tr> <td>MARIJUANA METABOLITES</td> <td>Negative</td> <td>50 ng/mL</td> </tr> <tr> <td>METHADONE</td> <td>Negative</td> <td>300 ng/mL</td> </tr> <tr> <td>METHAQUALONE</td> <td>Negative</td> <td>300 ng/mL</td> </tr> <tr> <td>OPIATES</td> <td>Negative</td> <td>2000 ng/mL</td> </tr> <tr> <td>PHENCYCLIDINE</td> <td>Negative</td> <td>25 ng/mL</td> </tr> <tr> <td>PROPOXYPHENE</td> <td>Negative</td> <td>300 ng/mL</td> </tr> </tbody> </table>							Initial Test Level	MS Confirm Test Level	AMPHETAMINES	Negative	1000 ng/mL	BARBITURATES	Negative	300 ng/mL	BENZODIAZEPINES	Negative	300 ng/mL	COCAINE METABOLITES	Negative	300 ng/mL	MARIJUANA METABOLITES	Negative	50 ng/mL	METHADONE	Negative	300 ng/mL	METHAQUALONE	Negative	300 ng/mL	OPIATES	Negative	2000 ng/mL	PHENCYCLIDINE	Negative	25 ng/mL	PROPOXYPHENE	Negative	300 ng/mL
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PHENCYCLIDINE	Negative	25 ng/mL																																					
PROPOXYPHENE	Negative	300 ng/mL																																					
CERTIFYING SCIENTIST: KSSM04																																							
SPECIMEN RECEIVED AND PROCESSED IN THE LENEXA DHHS CERTIFIED LABORATORY.																																							
LAB	Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219																																						
>> END OF REPORT <<																																							